Writing Adventures 2013 Spring / Summer Workshop Series APPLICATION

Child's First and Last Name	Home Address
Birthdate	Current Grade
2012-2013 School	Home Phone
Part 2 PARENT/ GUARDIAN INFORMATIO	N
Parent/Guardian	Address (if different from child's listed above)
Day Phone [] work [] home [] cell	Evening Phone [] work [] home [] cell
Email	
Please list any special health issues your child Writing Adventures Workshop:	has that would impact his or her participation in a
EMERGENCY INFORMATION Please list any special health issues your child Writing Adventures Workshop: In case of emergency, contact someone other to the Name	
Please list any special health issues your child Writing Adventures Workshop: In case of emergency, contact someone other to	han guardian/ parent listed above:
Please list any special health issues your child Writing Adventures Workshop: In case of emergency, contact someone other to the Name	han guardian/ parent listed above: Relationship [] guardian [] parent
Please list any special health issues your child Writing Adventures Workshop: In case of emergency, contact someone other to the Name Day Phone [] Work [] Home [] Cell PARENT PERMISSION My child	han guardian/ parent listed above: Relationship [] guardian [] parent [] other —explain above me) has my permission to participate in Writing Adventures' iting Skills Intensive (circle one or both). I understand s/he from camp at the discretion of the director should s/he show in the student contract. I permit my child's work to be and will also allow his/ her image and/ or comments to be

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Part 3 LEGAL CONSENT

Permission to Participate and Authorization of Consent to Treat a Minor

Full consent and permission is hereby granted to participate in the educational, recreational and extra-curricular activities offered by Writing Adventures as well as treatment by physicians in an emergency situation. In the event of injury or illness, I understand that due effort to contact me to assist in any decision will be made by Writing Adventures, but that the director will be compelled to use best judgment should it not be possible to contact me. I hereby indemnify Saken Sports Camp, Inc. DBA Writing Adventures from any liability because of the exercise of such consent. This authorization shall remain in effect from the beginning until the end of Writing Adventures 2013.

Child's Name	Parent/Guardian Signature
Parent/Guardian Print Name	Date

All Spring Workshops

Application & payment due no later than Friday, March 15, 2013

All Summer Workshops

Application & payment due no later than Friday, June 28, 2013

Please make all checks payable to: Saken Sports Camp, Inc.

Checks only. No onsite registration. No refunds.

Send completed application & payment to:

Certified mail strongly advised Writing Adventures / W.O.R.D. Ink c/o Vanessa Ziff Lasdon 3940 Laurel Canyon Blvd., Box 1026 Studio Citv. CA 91604

Tuition Rates: (Covers full course instruction, snacks, and supplies)		
\$500	Session 1, Session 2, or private Tabletop Moviemaking workshop (M-F, 9am-3pm)	
\$500	Session 1, Session 2, or private Word! Writing Skills Intensive (M-F, 9am-2pm)	
Discounts		
5% (\$475 total)	Early Registration for spring workshop received by Fri. Feb. 15, 2013 Early Registration for summer workshop received by Sat. June 1, 2013	
5% (\$475 total)	Returning Student	
10% (\$450 total)	Early Registration + Returning Student	
8% (\$920 total)	Dual workshop participant (Tabletop Moviemaking + Writing Skills)	
13% (\$870 total)	Dual workshop participant + Early Registration	
13% (\$870 total)	Dual workshop participant + Returning Student	
18% (\$820 total)	Dual workshop participant + Returning Student + Early Registration	

I wish to participate in: [mark an X next to your choice(s)]

 Word! A Writing Skills Intensive (Ages 9-12) Session 1, Mar. 25-29 Private Group Session, Apr. 1-5 Session 2, Aug. 12-16
Tabletop Moviemaking + Stop-Motion Animation (Ages 8-12)
Private Group Session 1, June 17-21 Private Group Session 2, June 24-28
Session 1, July 22-26 Session 2, July 29-Aug. 2
I am a new student I am a returning student I receive financial aid
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Please make sure your child understands and signs the following student contract. They are also responsible for filling out the following questionnaire. Question 4 inquires about bringing an iPad2 to campus for personal use, with parent approval, for our Tabletop Moviemaking workshop.

Part 4 STUDENT CONTRACT

Writing Adventures believes there is a writer in all of us! Our mission is to develop each student's unique talents and personal expression through inspiring, collaborative project-based learning opportunities, built on the fundamentals of good writing. Our Writing Skills Intensive workshop gives students the essential tools for how to write sentences and paragraphs that will always shine! Our Tabletop Moviemaking workshop gives students an opportunity to combine table-size moviemaking and stop-motion animation with storytelling. Writing Adventures' campers will gain lots of valuable experience, and they will be expected to show a commitment to camp in return. All students are expected to:

- Arrive to camp at 9:00 a.m. sharp every day. (Lab opens at 8:30 a.m.)
- Come to camp with an open mind and a willingness to experience new things
- Put forth 100% effort each day of camp
- Be willing to work productively on their own and as a group member
- Treat all others with respect: listen when others are speaking, follow all directions, and value the opinions and experiences of others.

I understand the above expectations, and I understand that I can be asked to leave camp if I do not take my commitment to camp seriously.

Student Signature Date

Part 5 STUDENT QUESTIONNAIRE (if you need more space, use the back of this page)

- 1. What are you good at when it comes to writing? When it comes to technology?
- 2. What would you like to work on or learn more about when it comes to writing? When it comes to technology?
- 3. List the types of technology tools you currently use (ex: laptop, iPad, software, camera, smartphones, video games, etc.)
- 4. TABLETOP MOVIEMAKING WORKSHOP PARTICIPANTS ONLY: If you have an iPad2, would you be willing, **with parent approval,** to bring your device in for personal and small group use during our Tabletop Moviemaking workshop? (If YES below, then I will contact your parents with further details.)
- 5. What are your special talents, hobbies, and interests?